



# State of New Jersey

## Non-Participating Manufacturer's Sales Information

**NPM-S**

Manufacturer Identification			
Company Name			Date
Mailing Address			
City	State	Zip Code	Country
Phone		Fax	
Name and title of person completing this form			

Mail-to Address (if different from above)			
Name			
Mailing Address			
City	State	Zip Code	Country
Phone	Fax	E-Mail	

Certification Year			
<input type="checkbox"/>	<b>2009</b> for sales made in 2008	<input type="checkbox"/>	Other: _____

**Instructions for the Manufacturer ("You"):** (Attach Addendum pages as necessary)

**Instructions for the Manufacturer:** List each distributor, wholesale dealer and retailer which sells your product(s) in the State of New Jersey. For each distributor, wholesale dealer and retailer, provide the sales volume according to your records for each brand name and family for the liability year and provide copies of invoices or other documents that support the sales volume listed. In addition, provide the name, address, and phone number for the contact person at each distributor, wholesale dealer and retailer provided. Finally provide information regarding flavoring; identify flavors other than menthol, clove or tobacco.

You must retain all invoices and documentation of sales and other information relied upon for a period of 5 years, unless otherwise required by law to maintain them for a greater period of time.

Distributor / Wholesale dealer / Retailer	Brand Name	Brand Family	Check One	Flavoring* (Identify flavors other than Menthol, Clove or Tobacco)
			<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	
			<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	
			<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	
			<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	

\*In no event shall cigarettes or any component part thereof that causes a cigarettes or smoke from that product to have a characterizing flavor other than tobacco, clove or menthol to be sold or advertised in this State. N.J.S.A. 2A: 170-51.6



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**Sales**  
**Addendum**

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			<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	
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